

Individual Income Tax Return
RESIDENT

1999

DO NOT WRITE OR STAPLE IN THIS SPACE

PART-YEAR RESIDENTS MUST USE FORM N-15.

RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 1999

or other tax year beginning _____, 1999 and ending _____

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation	
	City, town or post office, State and ZIP code		Spouse's occupation	

HAWAII ELECTION
CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes ☐ No ☐

If joint return, does your spouse want \$2 to go to the fund? Yes ☐ No ☐

Yes ☐ No ☐No ☐ Yes ☐

Note: Checking "Yes" will not increase your tax or reduce your refund.

FILING
STATUS

- 1 ☐ Single (Check only ONE box)
- 2 ☐ Married filing joint return (even if only one had income).
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. • _____
- 4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ _____
- 5 ☐ Qualifying widow(er) with dependent child (Year spouse died 19 • _____).

EXEMPTIONS

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 33.

- 6a ☐ Yourself ☐ Age 65 or over
- 6b ☐ Spouse ☐ Age 65 or over

Enter number of boxes checked on 6a and 6b ➤ Enter number of your children listed ➤ Enter number of other dependents ➤ Add numbers entered in boxes above ➤

Dependents:

6c and 6d	1. First and last name	If more than 3 dependents use attachment	2. Dependent's social security number	3. Relationship

6e Total number of exemptions claimed ➤

INCOME

- 7 Wages, salaries, tips, etc. (Attach Form(s) W-2) 7 • 00
- 8 Interest income from the worksheet on page 25 of the Instructions 8 • 00
- 9 Ordinary dividends 9 • 00
- 10 State income tax refund from the worksheet on page 25 of the Instructions 10 • 00
- 11 Alimony received: Enter name and address of payer 11 • 00
- 12 Business or farm: main business activity/product G.E. I.D. No.
- 12a Gross receipts from business or farm 12a 00
- 12b Net income or (loss) after subtracting expenses from business or farm 12b • 00
- 13 Capital gain or (loss) from worksheet on page 25 of Instructions 13 • 00
- 14a Total IRA distributions 14a 00 , 14b Taxable amount (see page 30 of the Instructions) 14b • 00
- 15a Total pensions and annuities 15a 00 , 15b Taxable amount (see page 30 of the Instructions) 15b • 00
- 16a Rents received. G.E. I.D. No. 16a 00
- 16b Net rental income or (loss) after subtracting expenses 16b • 00
- 17 Unemployment compensation (insurance). 17 • 00
- 18 Other income (state nature and source) 18 • 00
- 19 Add amounts in far right column for lines 7 through 18 Total Income ➤ 19 • 00

ADJUSTMENTS
TO INCOME

- 20 IRA deduction 20 00
- 21 Student loan interest deduction from worksheet on page 26 of the Instructions... 21 00
- 22 Medical savings account deduction 22 00
- 23 Moving expenses 23 00
- 24 Deductions for self-employment tax 24 00
- 25 Self-employed health insurance deduction 25 00
- 26 Keogh retirement plan and self-employed SEP deduction 26 00
- 27 Interest penalty on early withdrawal of savings 27 00
- 28 Alimony paid 28 00
- 29 Payments to an individual housing account 29 • 00
- 30 First \$1,750 of military reserve or Hawaii national guard duty pay 30 • 00
- 31 Add lines 20 through 30 Total Adjustments ➤ 31 • 00

AGI

32 Line 19 minus line 31 Adjusted Gross Income ➤ 32 • 00

• ATTACH CHECK OR MONEY ORDER HERE • ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	33 Amount from line 32. (adjusted gross income)		33		00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see the Instructions on page 33.				
	34 If you do not itemize your deductions, go to line 35 below. Otherwise go to page 32 of the Instructions and enter your itemized deductions here.				
	34a	Medical and dental expenses (from Worksheet A-1)	34a●		00
	34b	Taxes (from Worksheet A-2)	34b●		00
	34c	Interest expense (from Worksheet A-3)	34c●		00
	34d	Contributions (from Worksheet A-4)	34d●		00
	34e	Casualty and theft losses (from Worksheet A-5)	34e●		00
	34f	Miscellaneous deductions (from Worksheet A-6)	34f●		00
	35 Enter the larger of your: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Itemized Deductions — If line 33 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 25 of the Instructions. If not, add lines 34a through 34f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950 </div>		35●		00
36 Line 33 minus line 35. (This line MUST be filled in)		36●		00	
37 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 33 of the Instructions.		37●		00	
38 Taxable Income. Line 36 minus line 37 (but not less than zero) Taxable Income ➤		38●		00	
39 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 24 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet ●					
(● <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814)..... Tax ➤		39●		00	
NONREFUNDABLE CREDITS	40	Income tax paid to another state or to a foreign country (from Worksheet on page 24 of the Instructions) ..	40●		00
	41	Energy Conservation Tax Credit (attach Form N-157).....	41●		00
	42	Enterprise Zone Tax Credit (attach Form N-756)	42●		00
	43	Low-Income Housing Tax Credit (attach Form N-586)	43●		00
	44	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	44●		00
	45	Tax Credits for High-Technology (attach Form N-318).....	45●		00
	46 Add lines 40 through 45..... Total Non-Refundable Credits ➤		46●		00
	47 Line 39 minus line 46 (but not less than zero) Balance ➤		47●		00
TAX PAYMENTS AND REFUNDABLE CREDITS	48	Hawaii State Income tax withheld and tax withheld on IHA distribution	48●		00
	49	1999 estimated tax payments	49●		00
	50	Amount of estimated tax applied from 1998 return	50●		00
	51	Amount paid with extension(s)	51●		00
	52	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions ●	52●		00
	53	Credit for Low-Income Household Renters (attach Schedule X)	53●		00
	54	Credit for Child and Dependent Care Expenses (attach Schedule X).....	54●		00
	55	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	55●		00
	56	Capital Goods Excise Tax Credit (attach Form N-312).....	56●		00
	57	Fuel Tax Credit for Commercial Fishers (attach Form N-163).....	57●		00
58	Motion Picture and Film Production Income Tax Credit (attach Form N-316)	58●		00	
59	Other credits (attach list and see page 35 of Instructions).....	59●		00	
60 Add lines 48 through 59..... Total Payments and Credits ➤		60●		00	
REFUND OR AMOUNT YOU OWE	61	If line 60 is larger than line 47, enter the amount OVERPAID (line 60 minus line 47)	61●		00
	62	Amount of line 61 to be REFUNDED TO YOU Refund ➤	62●		00
	63	Amount of line 61 to be applied to your 2000 ESTIMATED TAX	63●		00
	64	If line 47 is larger than line 60, enter the AMOUNT YOU OWE (line 47 minus line 60). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1999 Form N-12" on it. If you are filing your return late, see page 35 of the Instructions. Balance Due ➤	64●		00
	65	Estimated tax penalty. (See page 36 of Instructions.) Also include this amount in line 61 or 64, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/>	65●		00
66 If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. ● <input type="checkbox"/>					

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> <div>➤ Your signature _____</div> <div>➤ Spouse's signature (if filing jointly, BOTH must sign) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Date _____</div> <div>Date _____</div> </div>			
	Paid Preparer's Information		Preparer's Signature and date ➤ _____ Preparer's identification number _____ Check if self-employed ➤ <input type="checkbox"/>	
	Firm's name (or yours if self-employed) and address _____		Federal E.I. No. ➤ _____ ZIP Code ➤ _____	